

STEP PROGRESS REPORT

NAME: _____

PHASE IV - RELAPSE PREVENTION PLANNING

DATE: _____

C = compliant with requirements

Treatment Level - e.g. IOP, OP, 1x1

NC = non-compliant

NA = not applicable

01.20.11

| | | | |
|-----------------------------------|--|--|--|
| DATE | | | |
| Treatment Level & Attendance | | | |
| Self Help 2-3/wk | | | |
| Job/Ed Program | | | |
| SR Conditions | | | |
| Payments on Financial Obligations | | | |
| PO Contact 1/mo | | | |
| UA 2-4/mo | | | |
| Testing Results (+ or -) | | | |
| Anonymous Survey | | | |
| | | | |
| Honesty | | | |
| Timely Compliance | | | |
| Abstinence | | | |
| Immediate Needs | | | |
| Stable Housing | | | |
| Sober Network | | | |
| Written Relapse Plan | | | |
| Goals for Job/Ed | | | |
| Soc/Rec - Legal & Safe | | | |
| | | | |
| Rewards | | | |
| Consequence | | | |
| Consequence | | | |

Rewards:

V = Verbal

F = Food

Consequences:

W = Writing

R = Reading

U = USPO

UA = UA

STEP = more frequent

S = Sit in Court

EM

RRC

CS

CUR = curfew

Jail

STEP PROGRESS REPORT
SUMMARY & NARRATIVE

NAME: _____
DATE: _____

| | | | |
|--------------------------|--|----------------------------|--|
| Case Number (s) | | DOB/Age | |
| Sentencing Judge | | Sentencing Date | |
| Supervision Term | | Date Supervision Commenced | |
| Date Supervision Expires | | Drug(s) of Choice | |
| Risk Assessment | | Need Assessment | |
| Phase I - Entry Date | | Phase II - Entry Date | |
| Phase III - Entry Date | | Phase IV - Entry Date | |

USPO - additional comments regarding participant since last STEP appearance:
(Dates of non-compliance, job changes, housing changes, UA positives date- drugs/alcohol used)

TEAM Member's Notes: